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Individual Programming for Children with Learning Disabilities as Determined by Screening, Identification, and Differential Diagnosis.

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A program for screening, identifying, and diagnosing learning disabilities is described. The multidisciplinary approach is emphasized. The school psychologist or counselor, the coordinator of the language therapy program, the administrative staff, and the classroom teacher meet to share findings and impressions, and the information is synthesized to identify the prime problem. Recommendations are made, including possible referral to a source outside the school for further study and diagnosis and for neurological testing. An assessment is made of the child's emotional readiness for special attention, and couseling is sometimes viewed as necessary. Emphasis is placed on the individual child's feelings and their relationships to learning disability, because they may cause him to be more discouraged, more disturbed, and more confused than the average child. Results of parental conferences are discussed; attitudes and feelings of one second-grade boy are presented; and emphasis is placed on the conclusion that a child can overcome his disability more successfully if special help is offered before serious emotional consequences develop. (RT)

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INDIVIDUAL PROGRAMMING FOR CHILDREN WITH LEARNING DISABILITIES AS DETERMINED BY SCREENING, IDENTIFICATION, AND DIFFERENTIAL DIAGNOSIS

Gladys Guyton, School Social Worker

INTRODUCTION

When our district was asked to present a panel at this conference, it must have posed a problem for our school superintendent, Dr. McCracken, to decide who should participate. There are many district people helping to make this program possible. Everybody who has contributed could not come to Boston. Because of this, I should like at the outset to mention groups of people and individuals, within and without the school, who have made significant contributions to the beginning of this program and who are still making contributions: principals, teachers, remedial reading teachers, school counselor, school psychologist, school nurses, speech therapists, clerical staff, school custodians, parents, staff members of community agencies, and private therapists.

BEGINNING

As you know, several different approaches have been used in providing programs within the public school setting for children with learning disabilities. We are pleased to have this opportunity to tell you about the one in our district. Before discussing our current program that has a coordinator, Mrs. Hantman, and twelve trained teachers, serving sixty children, let's take a look at the beginning.

Since I am a school social worker, I shall describe the beginning as I view it.

Nine years ago we had no special program in our district for children with learning disabilities. There were children with learning disabilities in our schools but they had not been diagnosed by specialized personnel. There were differing opinions as to why these children were failing to achieve in line with what their abilities seemed to be. Our teachers were testing their ingenuity in trying to find appropriate ways of helping these children. They met with varying degrees of success.

As a school social worker new in this district at that time, I had some limited knowledge about children with organic learning disabilities, although my professional training had been basically oriented toward children with learning problems caused by emotional conflict. Our district was fortunate in its geographical location for easy access to resources for learning about specific learning disabilities. The Institute for Language Disorders at Northwestern University is located in Evanston, a suburb adjacent to Skokie. Here Dr. Helmer Myklebust and Miss Doris Johnson offered courses that some of us in the discipline of social work took in order to broaden our understanding of learning disabilities. Our school district provides stipends to its teachers who take approved courses; so there was financial assistance from the district in helping to defray the cost of courses that I took at the Institute. Providing a diagnostic service for some of our children, the Institute furthered our understanding of children with learning disabilities, as we worked cooperatively in the interest of these children.

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Another resource, Cove School, a day school for children with learning disabilities, is also located in Evanston. Dr. Laura Lehtinen, Cove's clinical director, provided workshops for teachers and other professionals on the subject of learning disabilities. Our district had one or two children who attended Cove School, and so we had some helpful contacts with Dr. Lehtinen.

Still another resource was the Fund for Perceptually Handicapped, basically a group of dynamic parents and some professionals. Perhaps you know that this group was spearheaded by Mrs. Gordon (Dolly) Hallstrom, who continues to be a powerful force in the

association for children with learning disabilities at both the local and national levels. This group provided informative programs about this field, raised funds to provide scholarships for training teachers of children with learning disabilities, and worked in many ways to promote better understanding of these children. A brilliant highlight of their activities was an all-day seminar held on a Saturday for professional people. You will be interested to know that eleven hundred people were registered.

There were some private diagnosticians and therapists and some other agencies knowledgable about specific learning disabilities, who were diagnosing some of our children with learning disabilities and who were helping us in our understanding of them.

During this time, through all these resources, we were becoming more aware of the child in our school who had organic learning disabilities.

Children, referred for the school social worker's services, included many who seemed to have a significant discrepancy between their achievement and their potential. In many of these children the prime reason did not appear to be psychological blocks to learning, motivational problems around learning, or environmental deficits interfering with learning. This led the school social worker to make referrals to appropriate resources for differential diagnosis as to the prime cause of the learning disability. The diagnosis of most of these children was organic learning disability. Since our school had no special program for these children at that time, we were frustrated about what to do. Those of us in the school, who had any information about this type of problem, tried to help the teacher and the parents understand the child. Our service was quite meager compared to the needs of these children, their teachers, and their parents. Some teachers and some parents seemed to understand and accept the child's diagnosis; some other parents and teachers did not seem to understand.

We were now at the point where some of the children in our school had been diagnosed as having special learning disabilities, but there was no special program for them. In a few cases, the parents provided individualized specialized instruction for the child at their expense after school hours. About this time, our township department of special education was studying the need for some services for the child with specific learning disabilities. This department employed one full-time language therapist, who worked with one child in our district. This child's learning disability was so obvious that his teacher had referred him to the school social worker when he was in grade one. He was in grade three before this tutor was available to him. Another child, with problems so gross that he could not attend school, received help from a tutor one hour each day.

Among the children referred to me, I continued to identify many who seemed to have a specific learning disability, to refer them to appropriate resources for further study and diagnosis, and to then receive corroboration of my impression that these children did have organic learning disabilities.

Recommendations were made to some parents by their pediatricians to appropriate resources for diagnosing the cause of their children's learning disabilities. Reports of these diagnoses were often sent to the school. The parents raised questions about the school's providing service for these children. They would not let us forget the needs of these children.

Having a group of children diagnosed as having learning disabilities and for whom specialized instruction had been recommended, our district employed a trained language therapist, Mrs. Hantman, on a half-time basis. The need for this service was so great that Mrs. Hantman was received enthusiastically throughout the district.

SCREENING, IDENTIFICATION, AND DIAGNOSIS

My description of the identification, screening, and diagnosis of these children in our district will possibly give undue focus to the work of the school social worker in these areas. At the same time that I apologize for this, I should like to defend it. Since I am the school social worker, I can speak more adequately about how the school social worker functions than I can about the details of the important work of professionals from other disciplines.

With the organization of a Pupil Personnel Services Department within our district, we now use a multi-disciplinary team approach within the school setting for the study and diagnosis of some of the children, who appear to have specific learning disabilities. Our team does not have time to study and diagnose all children suspected of having learning disabilities. Some children are still referred out for study. We still have some who are not studied within the school or without. I subscribe to the philosophy that no single disciplinary approach to learning disabilities is adequate. For the welfare of the child, multi-disciplines need to come together with open minds and a desire to come up with "findings" in regard to the child.

It is usually the classroom teacher who first identifies a child who is not functioning as it seems that he should in the learning area ... it may be that he functions well orally but fails in written work, although he appears to be trying in both areas; that he has much isolated information but does not seem to be able to integrate it; that he appears bright and well-informed but that he is a slow reader; that his achievement is significantly discrepant with his intelligence test scores. After the teacher identifies such a child and after discussing her concern with the principal and with the child's parents, she may request and receive parental approval for the referral of the child to our department. The teacher's referral goes to the principal, who studies it and forwards it to the team member whom he considers to be appropriate at that time.

Some of these referrals come to me. My first function is to screen as carefully as I can through several steps, which include:

(1) A detailed study of available data which the school has about the child - health record, teacher evaluations, reports of any pupil personnel services workers who have known the child, and scores from group intelligence tests and achievement tests;

(2) Conferences with school personnel who currently know the child;

(3) Observation of the child in significant situations at school;

(4) Conferences with the child; and

(5) Conferences with the parents for the purpose of differential hisory-taking. This is an important phase of the study that requires considerable time.

In addition to the gaining of helpful information at this time, efforts are made to try to relieve parents of their defensiveness and anxiety about the problem. I try to provide direction and appropriate questioning in the interview to elicit desired information about the child's history before birth, at birth, and after birth; about the social, emotional, and academic history as viewed by the parents; about the onset and early development of the problem; about family relationships, cultural factors, and other related areas. If indicated, permission may be obtained from the parents for

someone from school to make contact with the child's doctor or other person offering service to the child outside the school, if it seems that this person could offer information that might help the school in its work with the child.

After pulling together these data, from the school and from the parents, and possibly from outside sources, I try to analyze and synthesize quite carefully all information and come up with an impression as to what the prime problem seems to be. Is there a reciprocal relationship among all the data? Does what the teacher says corroborate what the parents say? Do all of the parts fit together and add up to something? Of the multiple causes of learning problems, what might the prime cause be in this child? What should be our next step? Informally, I may talk with another person from another discipline, who is working on our team.

Since we are discussing the child with specific learning disabilities due to organic factors, I'll tell you about the subsequent steps to the school social worker's study and screening in situations where she feels that the problem may fall in the area of organic learning disabilities. Through the school principal, she would request a team study by appropriate pupil personnel services staff members (usually the school psychologist or the school counselor and the coordinator of the language therapy program). If approved for team study by the principal and the superintendent, a team conference is held where the reason for the team study is discussed and where pertinent data are shared. Each team member would then do individual study, appropriate to her discipline. This usually would include testing. After their study, there would be a staffing in which administrative staff, classroom teacher, and the team would participate. The team member to whom the original referral from the teacher was directed usually serves as the coordinator at these staffings. Each person shares her findings and impressions. His assets and liabilities, physical, educational, emotional, and social, are analyzed. The coordinator tries to correlate the thinking of the group. The group comes up with findings and recommendations. In the event that the findings are blurred and confusing and there is much question regarding recommendations, a referral may be made to a source outside the school for further study and diagnosis. To round out the medical picture, we routinely recommend a neurological study. If the team decision is that the child does seem to have a specific learning disability and should receive special services through our language therapy program, our township Department of Special Education, in accordance with the requirement of our state reviews the case.

Before placing a child in this program, some assessment is made about his emotional readiness for this help. With some children, there seems to be no problem about their emotional readiness for individual instruction at school. They can begin immediately. Other children may need counseling around feelings and attitudes concurrent with this help. Still others may need counseling to help in the modification of their feelings and attitudes before they begin in the program. Some children, who have such defenses of denial about their problem and who have not received help in this area, have not been included in the program.

Each team study is followed by a parental conference, in which some member of the pupil personnel services department and the principal participate. Careful thought is given at the staffing to determine what the focus of the parental conference should be and which pupil personnel worker should participate. Selection is made on the basis of the person or discipline that might be most effective with these particular parents at this time. Thought is also given as to who will discuss the problem with the child, and what, when, and how this will be done.

The response of parents, when they learn at the conference that their child seems to have a specific learning disability, varies. The great majority of them accept the findings and recommendations and give approval for the child to be enrolled in the program as soon as possible. Since our area now has many parents who are sophisticated

in their knowledge about this problem, some parents have already suspected that the child has a learning disability. Some parents have not known about learning disabilities before. They may want to think it over before deciding that the child should get help. A few parents do not accept the idea that the child has a disability. They insist that he can learn if he tries harder and they view him as being a lazy child. A rare parent seems to understand but does not want the child to be made "different" at school by receiving individual instruction.

The study and evaluation, which began after the teacher identified the child with the learning problem, will be on-going as the child receives special help. Conferences and staffings will be arranged as indicated. Mrs. Hantman will program for the individual child on a fairly broad-based diagnosis.

FEELINGS

An important area that needs careful consideration with these children is their feelings. How do they feel about themselves? How do they feel about needing special help? How do they feel about accepting the help? These questions are inter-related and overlapping. As a school social worker, I often wonder whether we have paid enough attention to the way that the child feels about himself. Even if he accepts the special program positively, how does he view himself as a person? In our society where the individual usually seeks not to be different, what does his disability mean to him in terms of his total self-concept? Living in an environment primarily geared to a child who does not have learning disabilities, how does he feel? Although he may make an adequate outward adjustment, he may have many internalized questions about himself. The total person may suffer because of a learning disability. Perhaps a deficiency in our program is the inadequacy of the attention that we give to the child's feelings about himself.

The children about whom we have been talking are first of all children and then children with a disability. Each one of these children is an individual; each one has his own individual feelings. They have the usual factors, which other children have that influence their feelings. They also have a special disability, about which they have feelings. This disability may cause the child to be more discouraged, more disturbed, and more confused than the average child.

In our work with these children, we have found many kinds of attitudes toward special help. In the great majority, they are delighted to find somebody who understands their disability and who will help them. Some may be in conflict between their desire to get this help and the desire to not seem to their peers to be different and to need this help. The child who has a learning disability significant enough to need special help, usually already feels different and is also confused and upset. After he recognizes his special teacher as someone who understands his problem and who can help him, his thoughts about accepting the help disappear.

The following review points up something of the attitudes and feelings of one second grade boy. Early in the school term, he was referred to me because he was having problems in the learning area, particularly in the written word. His teacher described him as being a delight to have in her room, as being well-liked by his peers, and as trying consistently to do his work. When he came in to talk with me, he was forthright in telling about his academic problems. He seemed to describe them accurately and as his teacher described them. Socially and emotionally, he appeared to be well adjusted,

to have many friends, and to have a happy home life. After a series of visits with me, I talked with him about other people in our school who understood how to help boys and girls with the kind of problem that he was having better than I did and that I would talk with them about him. Since there was a waiting list of children to be studied, I explained that it might be summer before anybody could help him. I terminated my contacts with him with the understanding that he might arrange subsequent conferences at any time that he wished. Near the end of the school term, our team still had not had an opportunity to study his problem. There was an emergent request from this boy that he come to talk with me; when he returned, he appeared to be a rather disturbed youngster. He told me that the other children in his room were laughing at him because he might pronounce words incorrectly in reading and that he might put his letters in the wrong place in spelling. This time he had many complaints about his family. I saw him a few more times before school closed. These concerns continued with him. What had happened to the boy who appeared earlier in the year to have such an adequate general adjustment? Was his failure in some academic areas, in spite of his consistent effort, taking its toll on him emotionally?

During the summer, he was studied and found to be eligible for help. Early in the fall, I talked with him about the special help that would be available to him. He was pleased about it. Again, I mentioned that he could come in to talk with me at other times, if he might want to do so. About two months later, he requested a conference. This time, when he came in, his purpose was to give me a progress report on his work with his special teacher. Quite carefully and very happily, he showed me that he had learned to write his letters. He had no complaint about how his peers or his family were treating him. It has now been about two months since he came in to talk with me, and I may be disappointed if he does not soon initiate another conference to give me a second progress report.

Briefly, I shall mention something of what a few other children communicated to us about their feelings.

(1) A brilliant second grade boy, who had a serious problem in writing, initiated a conference with his teacher to explain his problem to her.

(2) A third grade boy, who had a devastating reading problem, requested me at the end of the school year to be sure to let his teacher next school term know about his problem before he was called on to read.

(3) A fifth grade boy, who had a defense of denial of his problem and who was quite erratic in his response to any kind of help, was not included in the program.

(4) A fifth grade boy, being told about how smart he was in some areas and about his deficit in other areas, questioned: "If I am that smart, why can't I do better?"

(5) Another bright boy, with learning disabilities, denied his problem and had his denial reinforced by a feedback from his parents, who did not want the child to be included in the program.

(6) A seventh grade boy in the program initiated a referral for help for his buddy.

We seem to experience greater success in helping the child overcome his disability if

we can offer him special help before serious emotional consequences of his disability devlop.

In spite of the disabilities of these children, we think that we can help many of them to feel more comfortable about themselves, to feel more comfortable toward others, and to meet the demands of life more successfully.